A publication of the Canadian Association for Play Therapy (CAPT)

Playground

Fall/Winter 2017

RECEIVING A COMPLAINT

Are You Providing Appropriate and Full Informed Consent as a Child Play Therapist?

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Playground
Canadian Association for Play Therapy

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Message from the President

Dear Members,

Writing to you provides me with the opportunity to pause and reflect. To ask myself two important questions. "What have we as an Association done since the last time I wrote to you?" and "Why did we do it?" Given my goal and task oriented nature, I tend to focus on the "what did we do?" But, the longer I sit as your President the more I become increasingly aware of the importance of the "why did we do it?" I have come to see that while the "what" is an indication of our activity and growth, the "why" is an indication of our accountability to you as members and the assurance of the maintenance of our ethics as an Association.

Our mission statement reads, "The Canadian Association for Play Therapy believes in the value of play therapy and its contribution to an individual's mental, emotion, social, and psychological well-being. The Association believes in advancing and promoting the understanding and value of play therapy, high standards of professional and ethical practice and advocating for our membership. The Association maintains a strong, professional training and current research in play therapy". At the start of each of our Board Meetings, we remind ourselves of this as a way of grounding us in the purpose of why we all meet. We use it as a measuring stick when making decisions not only surrounding what activities/ventures the Association will engage in but also when making decisions around our Board and Association processes.

Certainly, I can't help but reflect on the "what have we done?" It is important and as I said my nature wouldn't permit otherwise I am happy to report that like all other times that I have written to you there has been a flurry of activity thanks to the tireless efforts of our Board, Committees Members, Management Team, Ambassadors, and Volunteers. I am just as happy to report that in each decision made, each task that has been undertaken there has not been a time in which it did not meet the mission statement of CAPT. We have challenged ourselves collectively and as individuals to ask ourselves the "why" question in each venture that has been pursued and in all the decisions that have been made. This has maintained the high ethical standards of our Association and is the reason that we will all continue to ask "why" in all that we do for CAPT.

Happy reading in the pages that follow!

Nadine Robitaille

President – CAPT

Update from your Executive Director

Fall 2017

It is great to be in touch with our Members through another Playground Magazine. The topic of Ethics has been chosen for this issue to emphasize the importance of CAPT in providing support to you around ethics in your practices. CAPT provides high quality standards for you to follow every day. We also keep you informed of new ways to keep yourself and your clients safe as you continue to practice in the profession of Play Therapy for children and families.

So many wonderful connections have been made through our programs in 2018. We attended conferences where the association exhibited and shared the message of play therapy across Canada and held meetings to plan and prepare for 2018. Record numbers turned out to the trainings from across Canada this year. So as 2017 closes and 2018 nears, we have a learned a lot about what our members require us to do.

The CAPT Board of Directors has determined that our three and five-day Certificate series has been a huge success and should continue into 2018. In answer to requests from many members over the past couple of years, starting in early 2018, we will kick it off with a three-day Certificate on Working with Adoptive / Foster Children in Play Therapy. The Certificate in Bereavement, Grief and Loss: Working with Children Through Loss was a great success and we will be rolling this out across Canada throughout 2018 in Prince Edward Island, Newfoundland, Saskatchewan and Alberta. A Certificate will be offered on Treating Anxiety Using Play Therapy in Toronto in the fall of 2018 and our Art Counselling Certificate, previously presented in Toronto, will be presented in Saskatchewan in 2018 as well. The details on these Certificates will be posted on our website over the next few weeks.

The CAPT Annual General Meeting will be held in Niagara Falls on May 4, 2018 and highlighted at this event on May 4, 5 & 6, 2018 will be a special 3-day Play Therapy Certificate on Responding to Trauma presented by Dr. Betty Bedard Bidwell and Margot Sippel. We look forward to seeing you all there as we review our 2017 year and introduce you to our plans!

Wishing you all a safe and happy holiday season.

Elizabeth A. Sharpe CAE

Executive Director

Canadian Association for Play Therapy

Are You Providing Appropriate and Full Informed Consent as a Child Play Therapist?

By Lorie Walton, M.Ed; RP

Certified Child Play Therapist Supervisor, Certified Theraplay Therapist Supervisor Trainer

As Registered Psychotherapists and Certified Play Therapists, it is important to understand how to implement appropriate Standards of Practice provided to us by our governing and regulating colleges. With the many complex cases that often enter our practice, this process can be, at the best of times, daunting and challenging. This article is written to affirm appropriate policies and to caution the professional psychotherapist to instill good standards of practice so to ensure proper protection for yourself and for your clients as well. This article will specifically focus on the topic of **Informed Consent** as it is an area that is often misunderstood and unknowingly not fully conformed to according to the expectations set out by regulating bodies.

Barnett, Wise, Johnson-Greene, & Bucky (2007) highlighted the potential benefits of an appropriately implemented informed consent process:

- It is a collaborative process that sets the tone for the psychotherapy relationship, promoting an enhanced therapeutic alliance.
- It promotes shared decision-making power in the relationship.
- It promotes the client's autonomy and empowers the client to play an active role in her or his treatment.
- It minimizes the risk of exploitation of, and harm to, the client through this information sharing and collaborative decision-making process.

Informed consent provides the foundation for the client-therapist relationship. It lays the groundwork in respecting the client's legal rights and offers the client the opportunity to make an informed decision about the therapy treatment being offered. Mental health professional regulating and licensing bodies require, through their ethical standards, that informed consent is a necessary requirement and is a legal right of the client. It is imperative that the regulated mental health professional understand who to obtain informed consent from and what to do in order to ensure full informed consent is provided, prior to beginning clinical work with minors.

It is important for therapists to ensure that they obtain written consent from both parents, when in fact the parents are no longer together but may share custody.

Snyder and Barnett (as cited in Coffman et al, 2015) assert that when seeking to obtain informed consent in the treatment of minors, four criteria must be met:

- Consent must be given voluntarily (by the parent or guardian)
- The client must be competent legally, cognitively and emotionally to give consent
- The therapist must actively ensure the client's understanding of what he or she is agreeing to
- The shared information and all that is agreed to must be documented.

When working with minors, most often "the client" may in fact be the guardian, parent or organization other than the minor who is to receive the therapeutic treatment. Thus, the informed consent process is vital in respect to clarification of roles, responsibilities and expectations with agreements being determined prior to the start of treatment. Decisions on confidentiality and the limits around that, the role of third parties and who will participate in setting treatment plans, goals and timelines should be included during the informed consent process.

Although child clients may not legally be expected to provided their consent to treatment, obtaining consent from the minor can be very supportive and productive to building trust and therapeutic rapport.

Parents and guardians have the legal right to consent to their child's treatment, and it is important to ensure you obtain consent from all legal parties. But how do we ensure informed consent as Child Play Therapists with parents who may be sharing custody but do not parent under one roof? The following is an example of a potential case scenario:

> *A father who only has supervised access to his child (but continues to remain a legal guardian due to an unresolved marriage separation) calls to speak to his child's psychotherapist because he wants to get an update on his son's progress in therapy, (child had been attending therapy for 2 months). This father had sent in a signed consent form via fax, for his child to begin therapy, and did not request an interview or a phone call from the therapist until two months after the child had begun therapy.*

It is important for therapists to ensure that they obtain written consent from both parents, when in fact the parents are no longer together but may share custody. A copy of the legal document which outlines the parental agreement is important to obtain in order to ensure the therapist knows what the terms of guardianship are to the children. Even though a parent may not have full custody, or perhaps the adults may be in the process of still sorting out what the custody arrangement looks like, both parents must sign consent AND understand what their rights are within the therapeutic relationship.

While therapists often use standardized forms to obtain written consent from clients, members should understand that a signature on a form does not necessarily constitute informed consent. Informed consent is an ongoing process and not simply a signature on a form. Signing only a consent form is not considered to be the full

consent process. The provision of consent must be informed, comprehensive and ongoing in order to be considered valid (College of Registered Psychotherapists of Ontario – CRPO).

What this means is that informed consent should be obtained through discussion between the professional and client, or in the case of children, the child's parents. Only following a direct discussion which involves a transfer of specific and accurate information can anyone provide informed consent. The signature of the client (parents) is only considered to be partial evidence that he or she has provided informed consent, particularly when that signature is obtained in the absence of the therapist. **It is therefore important, prior to beginning therapy with the child, that the signatures of both parents have been obtained, and that you have had a face to face or at the very minimum,** a phone conversation to review the following components:

- What services are provided
- What the therapeutic goals are for the child
- What payment options are available (if applicable)
- What the contract terms are (length of treatment, length of sessions, frequency of sessions etc)
- Confidentiality in terms of parent discussions as well as the child's rights as a client

A record of the informed consent discussion must be kept in the clients file along with the signed form and copies provided to each parent for their records. Each parent has a right to remove their permission at any time and this information should be provided during the informed consent discussion. Determine each party's interest, and capacity to participate in the informed consent process and make a plan to continue to keep each party equally informed. Keep in mind that informed consent is a process that should continue to be readdressed throughout the course of treatment, especially if any substantive changes to treatment are being considered.

Although parents and guardians do have certain legal rights with regard to their minor children, these rights can be negotiated during the informed consent process. A parent could be informed that for treatment to be effective, the minor must be afforded some degree of confidentiality. Parents can be informed and then often agree to respect the privacy of the child's treatment relationship, particularly if they feel that the psychotherapist shares their interest and values with respect to their child's safety (Barnett et al, 2007).

Respecting parental consent for the treatment of a child is clinically appropriate and is especially necessary when the parents of the child are no longer living under one roof. Therapists can inadvertently alienate a parent by failing to seek the informed consent of that parent prior to the commencement of treatment. This alienation can lead to mistrust of the therapist by the parent, and can actually undermine the treatment of the child overall. These issues can be avoided if a discussion about informed consent takes place prior to the commencement of treatment.

Being in private practice can be tricky and overwhelming at times. Seeking regular consultation from supervisors, and other private practice colleagues can be found helpful and supportive. It is also important to keep a printed document of your Regulatory Colleges Standards of Practice by your desk and to not hesitate to call into consult with your college's advisory support professional for anything you are unsure of.

About The Author

Lorie Walton is a Registered Psychotherapist with the College of Registered Psychotherapists of Ontario (CRPO). She has been a member, board member and volunteer chair for the Canadian Association for Play Therapy since 2000. Her successful private practice, Family First Play Therapy Centre Inc, has been in full swing for 17 years and services the greater Toronto area, and York and Simcoe Regions. She provides clinical consultation and supervision for both Theraplay and Play Therapy and teaches on many topics regarding trauma and attachment for professionals and families. You may reach her at familyfirstlw@bellnet.ca.

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Canadian Association for Play Therapy (CAPT) Presents

Certificate in Art Counselling

INSTRUCTORS: **Betty Bedard Bidwell** PhD, CPT-S, Registered Art Therapist & **Margot Sippel** CPT-S, Registered Art Therapist
DATE: October 12–14, 2018 (Friday, Saturday and Sunday) TIME: 9:00 a.m. to 4:00 p.m.
LOCATION: Saskatoon, Saskatchewan

OVERVIEW:

Art therapy is used across a variety of ages and populations and has grown in popularity as we come to understand the impact of art on the brain. This is your chance to learn how art therapy works and why. You do not have to be an artist to use art in your counselling practice. It is effective with clients who have no background in art as well as those who do.

This program is not intended to certify you as an art therapist but will give you basic tools to enhance your psychotherapy and counselling sessions by offering a new avenue to assist your clients in expressing themselves. You will learn to do assessments, use art as a therapeutic journey, and will learn to develop your own art techniques that are appropriate for your individual clients or for groups.

INSTRUCTORS:

Betty Bedard Bidwell and Margot Sippel are Play and Art Therapists and Registered Psychotherapists who have been using art therapy in a variety of settings for decades. Their teaching and facilitation style is down to earth and practical; however, they are intrigued and impressed with recent research into art therapy and the brain. They have presented workshops and training internationally and are respected instructors in the CAPT Play Therapy Training Program. They coauthored the first Canadian textbook on Art and Play Therapy.

PROGRAM ATTENDEES:

Best suited for therapists, educators and counsellors working with children older than eight through to adults, numbers will be limited to facilitate development of specific techniques for your client group.

For more information on our Art Counselling Certificate and to register go to: **www.cacpt.com/workshops/**

For further questions contact:

Elizabeth Sharpe, Elizabeth@cacpt.com or
Phone: 519 827 1506, ext. 1

We Have a New Name!

Early in 2016, CACPT engaged in reflective discussion with the Board of Directors and the Membership to work together to try to reach a shared understanding on the topic of the "Name" of CACPT. It had come to light that the international play therapy association movement, CACPT included, is moving away from play therapy being strictly child-focussed. Play therapy is being used by other play therapy associations and agencies outside of child populations. It also became evident that the broader population of youth and adults might not see themselves as candidates for play therapy due to the child focus.

After satisfying the thorough process of evaluation set in place by the Board of Directors through survey and focused discussions and having satisfied the process required by the Canadian government guidelines in these matters, the results were positive that the name change be ratified by the membership.

At the CACPT Annual General Meeting in Toronto on April 21, 2017 the vote passed unanimously to officially change the name of the:

"Canadian Association for Child and Play Therapy / Association canadienne de thérapie par le jeu pour enfants"

to:

"Canadian Association for Play Therapy / Association canadienne de thérapie par le jeu".

Please know that this change will not diminish the need for child-focused work in play therapy, nor will our training in this regard change, but that every effort to heal children through Play Therapy will continue to consciously encompass the entire family unit.

As we begin the rebranding process that will take some time, if you would like to talk about this or any other topic about the Canadian Association for Play Therapy, please contact:

Elizabeth Sharpe, Executive Director at:
Elizabeth@cacpt.com

New CAPT website address:
www.canadianplaytherapy.com

Supervision for Play Therapy: A Theraplay® Model

Linda S. Klein, Jane Johnson and Wanetta Hughes-Bise

Supervision is a crucial part of developing a professional identity, aligning theory and skills and becoming a proficient and impactful play therapist.

There are several significant models for clinical supervision that rely primarily on verbal methods of supervision, where both the supervisor and supervisee have a verbal exchange regarding case consultation, problem areas, concerns and what is effective therapy that is theory driven. In comparison, play therapy supervision relies primarily on non-verbal interactions to facilitate the therapeutic process of supervision (Luke, 2008). In their review of the play therapy supervision literature, Donald, Culbreth and Carter (2015) state that supervising play therapists is not just about facilitating skill acquisition, but should include expertise in theory and congruency with ethical codes (e.g. ACA Code of Ethics, 2014). Rather than simply employing a traditional method during the supervision the play therapy supervisor is encouraged to use a learning model that encourages play and integrating art in the parallel process of supervision (Mullen, Luke & Drewes, 2007).

Theraplay® is a short-term therapy that is based on attachment theory and concentrates on the positive interactions that occur during play between a child and their primary care giver(s) (Munns, 2007). Theraplay® is highly adaptable with various populations and formats. It is used in individual play sessions, dyads (parent-child, marital Theraplay), and within educational and health systems. Theraplay® tenets propose that the first relationship a child has is crucial to his/her life. To ensure this bond the integration of positive and nurturing touch, experiencing feelings of being cared for and accepted are aims in developing a healthier attachment style for a child. Philosophically Theraplay® posits that everyone has the capacity to heal from trauma and to grow into a healthier self (Booth & Jernberg, 2010). According to Booth and Jernberg (2010) during the therapeutic process a play therapist interacts with caregiver(s) as they follow Theraplay® tenets and focus on, 1) "establish[ing] an attuned, supportive therapeutic alliance with parents, one that is modeled on the attachment relationship", 2) "help parents understand their own attachment patterns", 3) "gain more understanding and empathy for their child", and 4) "work directly with parent and child to change the child's inner working model" (p. 40). Linking these four core tenets to supervision can strengthen the play therapists ability to better understand the give and take, the dance of attunement that promotes the client/parent healthy development and improves case conceptualization.

Bernard and Goodyear (2009) stress that supervision is a process that is authentically practiced that includes professional growth, role induction, professional support, and skill development. One challenge that a supervisor faces is integrating and synthesizing a deeper level of case conceptualization when discussing client needs that will support the therapeutic process, while increasing the counselor's knowledge and theory integration. Juggling these complex client systems can be overwhelming to the play therapists and their supervisors; therefore a systemic approach is required to develop case conceptualization and supervision.

When considering effective supervisory practices Friedman and Mitchell (2008) state,

> *"A supervisor is a teacher and mentor who is able to establish a collaborative relationship in a free and protective environment in order to activate and empower the supervisee's own potential and help to facilitate the supervisee's own growth as an ethical and effective professional in a manner that best reflects his/her own gifts, abilities, temperament, spiritual and temporal values" (p. 3).*

Theraplay® is a brief family therapy used to build and strengthen attachment, self-esteem, trust and joyful engagement between parents and child and develops healthful interactions between parents and child using play as a method of positive communication between the parent(s) and child (Munns, 2007). Theraplay® supervisors are recommended to facilitate focusing the play therapists in the here-and-now through skillfully integrating the four dimensions of Theraplay®. Additionally, supervision must conceptualize the client in terms of problem formation, needs and perceived growth. The child and family's presenting problem, developmental level, parent styles, and school experiences are brought into the playroom and the supervision hour and can be used as clues to help conceptualize the family dynamics.

Theraplay® Four Dimensions in Play Therapy Supervision

Booth and Jernberg (2010) explain that the **Four Dimensions of Theraplay® are Structure, Engagement, Nurture and Challenge.** The key concepts in Structure are safety, organization and emotional regulation. In a healthy relationship the adult guides the child through interaction(s) that provide(s) safety and reassurance. Using a directive approach the adult offers the child emotional support and warm leadership, which assists the child in learning organization and emotional regulation and ultimately self-control. In Theraplay®, the dimension of Engagement is learning and practicing joy of companionship, attunement and being in the here-and-now. The child is taught to emotionally connect and focus on the here-and-now events in order to make an attuned connection and help them feel "seen" and "felt". This synchronous interaction provides the chance to experience the joy of shared companionship with their caregiver(s). The Nurturing dimension focuses on the key concepts of security, self-worth, and stress reduction. Utilizing a calm attitude and practicing loving care during activities makes the experience of the child feel warm and secure and sends the message to the child that they are able to trust their caregiver(s) to provide safety and security. This builds the inner representation that the child is loved and valued. Promoting feelings of confidence through age appropriate activities in a non-competitive atmosphere of spontaneity, fun and warmth are the hallmark of the Challenge dimension whose key concepts are competence, mastery and play that is aligned with the child's developmental stage they are currently capable of expressing.

Mirroring these same Four Dimensions during the supervision process the supervisor uses a Theraplay® directive approach and prompts the supervisee to interact in the supervision process with positive emotional communication with emphases on relational attunement, synchronous and reciprocal right brain-based interactions, while considering opportunities for repair in the here-and-now. The supervisor asks the supervisee questions that aid the reflective process, which assists the play therapists focus on moving the parent/child into a healthier relationship (Malchiodi & Crenshaw, 2014). Setting supervision goals while embracing case conceptualization the supervisee will be able to clearly direct the therapeutic process using a systemic process with the family that is in treatment. A collaborative relationship that establishes clear, meaningful and effective goals emerge as the supervisor/supervisee interact and increases the supervisee's professional learning (Wade & Jones, 2015). Supervision is a structured process and when effective the four dimensions of Theraplay® are integrated relates directly back to the therapeutic process with the client.

Organizing the Supervision Experience

Bernard and Goodyear (2009) stress that effective supervision takes place either face-to-face or in a secure distant platform and can be offered individually or in a group format. Additionally, the roles and responsibilities

held by play therapy supervisors are both administrative and clinical in nature. The authors explain supervision includes roles that are often overlapping duties that include organizing, scheduling, teaching therapeutic skills, case conceptualization, and clinical supervision goal setting and monitoring supervisee growth while providing quality supervision. A supervision contract is drafted and agreed upon that includes fees, meeting location, time and length of supervision, and the frequency of supervision. Adhering to best practice standards effective supervisors provide the supervisee with a Bill of Rights (placing the supervisee in the center of the contract and relationship), a professional disclosure statement (including the supervisors' credentials, supervision approach, and experience). The supervisor keeps a record of each supervision meeting and both parties sign the document, which is kept in a secure locked file cabinet for seven years after the supervision relationship ends, at which time records are destroyed. The supervisee has a legal right to all written records if put in writing and provided to the supervisor. Assisting the supervisee with identifying written methods of informed consent, client rights and responsibilities, HIPPA regulations, risk management and clinical procedures, training of the supervisee, is part of the structure that the supervisor provides. A release that the client understands that the supervisee is seeking supervision during their treatment, and an attestation form that the play therapist will follow ethical guidelines per the Association for Play Therapy is the sole responsibility of the supervisee. Copies of these written forms are provided to the supervisor for their records.

Case Example

Stephanie, a trained Theraplay® play therapist has practiced for 8 months in private clinical practice and has sought group supervision to better assist in case conceptualization.

During one group supervision meeting with 5 other supervisees, Stephanie complains about a divorced family with whom she is currently offering Theraplay® treatment. She believes the family lack healthy boundaries. There is a continuous conflict between parents and they denigrate the other while putting the children in the middle of adult arguments. Stephanie explains that this boundary issue and conflict has spilled over into the therapeutic process. She explains, "The mother will state that the father will pay for the therapy when he brings in the children although that was not the arrangement made at the beginning of services. Additionally, the older child will burst into the therapy room say: "Mom wants you [Stephanie] to work on us [the boys] fighting all the time". Stephanie explains that the therapeutic process is undermined by the mother and Stephanie is unsure how to address this concern with her. Additionally, Stephanie offers several examples of the mother not holding her children accountable for their misbehaviors. When Stephanie implements a behavioral reward system, the mother undermines Stephanie by saying she will give him a reward even if he has not earned it. Stephanie expresses frustration over knowing what to do to resolve the conflicting issues in this case.

By integrating Structure, Engagement, Nurture and Challenge into the supervision process this models how to integrate these four dimensions into the therapeutic session. Using the Theraplay® model of supervision, the supervisor challenges Stephanie on setting healthy boundaries both in areas of contractual agreements with the client regarding timely pay, providing therapeutic services and in modeling ethical and professional boundaries with her client. The supervisor models structure by engaging with Stephanie to provide timely parent meetings where boundaries and limits on client expectations in sessions will be discussed and a plan developed based on the treatment goals that support a healthy therapeutic outcome. The supervisor discusses with Stephanie the possible counter-transference issue brought up by Stephanie's own divorce and the supervisor nurtures Stephanie by inquiring about any interfering personal meaning that might interfere with her therapeutic ability as a clinician. Working through this counter-transference, Stephanie is able to self-examine her own feelings about divorce, consider her personal experiences and how it has impacted her perception within this case. Wade and Jones (2015) encourage supervisors to provide consultation on ethical factors and remind us it is beneficial to draw from the wisdom of those with more experience. Being able to professionally bracket or set aside personal experiences is both ethically appropriate and best practice. Through the

supervision experience, Stephanie was able to bracket her own experiences and set them aside in order to provide appropriate therapeutic services to the family she was treating. She was able to set healthy boundaries, increase parental participation in a nurturing and professional manner. The issues that brought the family to play therapy were resolved as evidenced by improved parent-child and sibling interaction.

Effective supervision requires case consultation that is timely, supportive and theory driven. Recent consultation with Karen Buckwalter, MSW, LCSW of Chaddock (personal communication, September 10, 2015) offered further insight in understanding the importance of continued supervision. Whether received through individual or group settings, ongoing supervision can aid in clarifying case conceptualization, be a supportive and noncritical experience, model desired therapeutic behaviors or attitudes for supervisees, teach and instruct supervisees and understand emotional themes that are threaded through the case (Watkins, 1997). The process of supervision leads to the development of competent informed and autonomous professionals that provide quality therapeutic services to clients. Theory driven clinical supervision assists the play therapist to deepen clinical effectiveness through peer and supervisory brainstorming, theory integration and the therapeutic alliance built between the supervisee and supervisor (Wade & Jones, 2015). In integrating the core Four Dimensions of Theraplay the supervision experience is relevant, self-reflective, supportive and nurturing through modeling and guidance, and ultimately results in a love for lifelong learning and professional development for the supervisee.

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Jane Johnson is a RPT-S with over 30 years experience in agencies and private practice. A co-founder and past president of CAPT, Jane continues to promote play therapy through supervision and continuing education.

Wanetta Hughes-Bise, LPC, RPT, School Counselor
Walden University
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Wanetta Hughes-Bise is a contributing faculty member of Walden University and is a RPT with eleven years experience as a Licensed Professional Counselor working in schools and private practice Wanetta is a member of the Colorado Association for Play Therapy.

2017 MONICA HERBERT AWARD

At the Annual General Meeting in Toronto on April 21, 2017, the Board of Directors and Membership of CAPT (CACPT) were proud to award Theresa Fraser, long time member and leader of CAPT the 2017 Monica Herbert Award.

This award has been inspired by the courage, devotion, hard work and commitment to working with and helping children that has been demonstrated by Monica Herbert. This award is an annual award which will recognize outstanding achievements in or contributions to the field of play therapy.

Theresa Fraser CCW, CYC-P, M.A., CPT-S, R.P.

Theresa Fraser holds a CYW diploma, Diploma in General Social Work, Life Skills Coach certificate, is a Certified Play Therapist Supervisor, Trauma and Loss Clinical Specialist, and Treatment foster parent of 20 yrs. She is a Professor at Sheridan College in the Child and Youth Care Program. Theresa is sought after to present in Canada, the US, Wales, Ireland and England on topics related to Trauma, Child Development, Play Therapy, Sand Tray Therapy, the Brain, Attachment as well as LGBTQ issues. She is also trained in Theraplay and EMDR.

Theresa is a published author, (Billy Had to Move and Adopting a Child with a Trauma and Attachment Disruption History). She is a regular contributor to magazines and newsletters for CYW's and Play Therapists. In 2008, Theresa was awarded the North American Clinical Specialist of the Year Award by the National Institute for Trauma and Loss (Detroit). In 2010 she was awarded an Alumnus of Distinction Award from Humber College of Applied Arts and Technology.

Theresa began teaching in the post secondary system in 2001 and is an Adjunct Professor at Waterloo Lutheran Seminar at Wilfred Laurier University, as well as Ryerson University on the utilization of play approaches in counselling. Theresa celebrated 30 years working in the field in June 2013. In those 30 years she has worked in adult and child community mental health settings, residential and foster care settings, school settings, justice open custody settings and has supervised Child and Youth Workers in most of these as well.

Theresa has been a dedicated leader and instructor in the CAPT Play Therapy Certificate Program, President and Education Committee Chair for CAPT for six years, author of a column named Healing Spaces in Playground Magazine. Theresa has accomplishments far to numerous to mention in this space. She has been a mentor for so many, a friend to all and a loyal and accomplished professional throughout. She continues to support CAPT's programs and members.

We congratulate Theresa on the receipt of this well deserved Monica Herbert Award 2017.

Sincerely,

CAPT Board of Directors, Management Team and members.

PLAYING IN THE FALLS 2

CAPT announces its 2018 Annual General Meeting & Workshop

AGM: May 4, 2018
Workshop: May 4–6, 2018

DoubleTree Fallsview Resort & Spa

Niagara Falls, Ontario, Canada

SAVE THE DATES!

INTRODUCING

Canadian Association for Play Therapy (CAPT) Certificate:
Responding to Trauma using Play Therapy

PRESENTED BY:

Betty Bedard Bidwell PhD, CPT-S, Registered Art Therapist

Margot Sippel RP, CPT-S, Registered Art Therapist

May 4, 5 & 6, 2018 (Friday, Saturday and Sunday)

CERTIFICATE OVERVIEW:

New information on trauma enables us to understand its implications in a way that was not possible a decade ago. Both short term and longer treatment require an innovative approach. Play Therapy's innate flexibility makes it an excellent resource for many developmental levels.

In this Certificate program we will examine creative and neuroscientific methods for understanding and responding to trauma. Recent research also reminds us that the risk of vicarious trauma is very real and as therapists we need to be proactive about our own wellbeing.

18 Contact Hours – Theory & Approaches, CAPT Play Therapy Credits

18 Contact Hours, APT Approved Provider 00-083

For more information please contact: Elizabeth@cacpt.com

Details on CAPT's Cancellation Policy can be found at www.canadianplaytherapy.com

CANADIAN ASSOCIATION FOR PLAY THERAPY

Receiving a Complaint

By Theresa Fraser, CPT-S

Receiving a letter that states that a complaint has made against your practice is not correspondence that any Play Therapist wants to receive. However, it does happen, and part of any regulatory college professional standards identifies how complaints should be handled.

Every CAPT Certified member is affiliated with a Canadian professional association or governing body. The standards of these regulatory bodies are established to protect the public whereas our National Play Therapy Association is established to promote play therapy in Canada and support play therapist members.

For example, if you are a member of the College of Registered Psychotherapists of Ontario (CRPO) you could be informed that a complaint has been made about you in relation to breaching the Code of Ethics

Retrieved from:
http://www.crpo.ca/complaints-and-concerns-faqs/

A complaint triggers a formal process where the Complainant and Member are both parties to the complaint. Regarding the complaint process:

- The Complainant must provide their name and contact information.
- The Complainant is kept abreast of the progress of the complaint and receives a written decision at the end of the process.
- The Complainant generally can reply to the Member's response to the complaint.
- There are set timelines for the College to decide complaints (150 days – though this can be extended).
- When the final decision is released, Complainants and Members have the chance to ask an independent tribunal, the Health Professions Appeal and Review Board, if they are not satisfied with the outcome. This does not apply if the ICRC's decision is to refer the matter to disciplinary or incapacity proceedings, as the matter is still in progress at the College.

Retrieved from:
http://www.crpo.ca/home/complaints-and-concerns/discipline-process/

Serious matters involving allegations of professional misconduct or incompetence may be referred to the Discipline Committee for a hearing. A discipline hearing is a formal legal process. Evidence is presented to a panel of three to five committee members including members of the profession and members of the public appointed to the College's Council by the Lieutenant Governor.

The College will be represented by a lawyer who prosecutes the case. The Member is advised to retain a competent representative, but may choose to be self-represented. In addition, the panel will have its own legal advisor, known as Independent Legal Counsel (ILC), who is independent of the College and the Member.

Careful preparation goes into conducting a hearing. The names of witnesses, documentary evidence, and the reports of expert witnesses, must be disclosed in advance, both by the College and the Member. In addition, pre-hearing conferences may be held to discuss whether any issues can be settled or simplified in advance of the hearing.

Discipline hearings are generally held in public. If a Member is found to have committed professional misconduct, the committee may make one or more of the following orders:

1. directing the Registrar to revoke the Member's Certificate of Registration;
2. directing the Registrar to suspend the Member's Certificate of Registration for a specified period of time;
3. directing the Registrar to impose specified terms, conditions and limitations on the Member's Certificate of Registration for a specified or indefinite period of time;
4. requiring the Member to appear before the panel to be reprimanded;
5. requiring the Member to pay a fine of not more than $35,000 to the Minister of Finance;
6. if the act of professional misconduct was the sexual abuse of a client, requiring the Member to reimburse

the College for funding provided for that client under the Client Relations Program; If the professional misconduct involved sexual abuse of a client, the panel shall reprimand the Member and suspend their Certificate of Registration. In cases involving intercourse or certain forms of sexual touching of a client, the panel is required to revoke the Member's Certificate of Registration for a period of at least five years.

Nova Scotia has a College of Counselling Therapists. Their response to a complaint is consistent with other regulatory colleges.

Retrieved from:
http://nscct.ca/wp-content/uploads/2014/07/Regulations1.pdf

In the case of a complaint, the Registrar responds to a complaint.

Functions of Registrar 24

(1) On receiving a complaint, the Registrar must send copies of the complaint to both of the following: (a) the respondent; (b) the Complaints Committee.

(2) The Complaints Committee may appoint an investigator, who may or may not be a member of the Complaints Committee, to investigate a complaint.

(3) The investigator may do 1 or more of the following: (a) request additional written or oral explanation from the 11 complainant, the respondent or a third party; (b) request an interview with the complainant, the respondent or a third party; (c) informally resolve the complaint in the interests of the respondent, the complainant, the public and the College.

The College of Alberta Psychologists manages complaints against certified members in the following manner, the College Complaints Director will review the complaint to determine what action should be taken. Psychologists in Alberta (as well as BC) are regulated under the Health Professions Act of their provinces. Options for Alberta members include:

- attempting to resolve the matter informally
- requesting an expert to assess and provide a written report on the subject matter of the complaint
- conducting and appointing an investigator to conduct an investigation
- dismissing the complaint

Retrieved from:
http://www.cap.ab.ca/Portals/0/pdfs/ConcernsandComplaintsInformationSheet.pdf

Within 30 days of the Complaints Director receiving the complaint, the member is notified as to the action the Complaints Director wishes to take.

Social Workers are regulated in all Canadian Provinces and they also have a procedure established for complaints against members.

In a previous Playground Magazine, CAPT Executive Director Elizabeth Sharpe explained the role of Associations as compared to Regulatory Colleges.

Essentially, a regulatory college protects the public and your association protects you. If you find that a complaint has been made against you and this can be the case for anyone at anytime; these are steps we suggest you take.

#1 Ensure that you follow your regulatory body's Code of Ethics and Best Standards of Practice which includes keeping good notes of interactions with clients.

#2 When a complaint is received by a client, document steps taken to respond to concerns so this can be shared if a formal complaint is made to your regulatory body in the future. Keep copies of everything shared.

#3 Contact a lawyer if you feel that would be helpful to you. Some malpractice insurance policies help to pay for legal consultation.

#4 Respond to your regulatory body within specified time frames.

#5 Contact your Association or Supervisor of Record for support.

#6 Report the allegation to your insurance company when you complete your yearly renewal.

If a member of the public complains to CAPT about a Certified member (who is in good standing): they are advised that they can voice concern to the regulatory body of the member as well as CAPT.

The CAPT process is that the complaint is shared with the CPT member and a transparent investigation may occur. CAPT believes that by providing information, training and support up front that members can feel supported and hopefully not be in positions where complaints can be made.

A disciplinary action could follow if the member is found to be at fault with the outcome being that the member can lose their certification status.

It is not easy to process complaints. It is often upsetting so ensure that you get the support you need to be able to respond to the requests made of you.

About The Author

Theresa Fraser is a Registered Play Therapist Supervisor who practices in Brampton, Ontario with a hope to someday practice in her retirement province of Nova Scotia.

She is a member of the College of Registered Psychotherapists of Ontario.

Healing Spaces

Healing Spaces is an ongoing article in Playground. If you would like your therapy playroom to be featured please contact lorie.walton@hotmail.com.

Elizabeth Christie is a Registered Psychotherapist, Child and Family Clinician and Behaviour Consultant. Her private practice, Playful Solutions, is based in the Niagara Region. You can reach her at playful.solutions@yahoo.ca., www.playfulsolutions.ca

A Focus on CAPT's Play Therapists

1 How long have you been practicing play therapy?

I have been practicing Play Therapy since April of 2011. I have known of the practice for over 12 years, and was so lucky to meet Carolyn Scott, who allowed me to join her for my Master's Practicum. Since this experience Lorie Walton was gracious enough to offer me a spot in her internship in December 2014.

2 What drew you to the field of Play Therapy?

When I was graduating from high school, I needed to choose a program that best suited my interests. I chose to major in Psychology, and through this discipline I learned of childhood disorders. I was 19 years old, and was shocked to hear about childhood depression and abuse. I knew that there had to be a way to help these children heal, so I began my research into best practice when working with children, of all ages. Play Therapy is a discipline that I have been drawn to with a passion for the last 12 years, and am very fortunate that I am able to practice within this wonderful field.

3 What is your primary theoretical orientation and how did you evolve in to that orientation?

As a therapist, I have been in the field for 7 years. I have trained in the behaviour field for many years, in addition to training in the field of Play Therapy. As an Instructor Therapist I provided primarily directive therapy. Entering into the practice of Play Therapy, I knew that I would incorporate a directive approach to assure that children are learning about their emotions in addition to being heard. I use a directive approach using art, sand or puppets for assessment activities as well as teaching Cognitive Behaviour Therapy, mindfulness strategies, and coping strategies. I also employ Theraplay techniques to foster attachment with families, which is essential to my practice. Providing a directive structure to a client's assessment and treatment phase in therapy is an approach I carefully select and use as a best practice measures. I also rely heavily on non-directive Play Therapy, as outlined by Virginia Axeline and Garry Landreth. I want the children who see me to be accepted, feel appreciated and understand that they are worthy of being great. Play Therapy has a

wonderful method of allowing children to understand themselves and believe that they are amazing. To ensure that the children coming to see me get the best of both worlds I always provide both directive and non-directive approaches in each session.

4 What is your favourite technique and why?

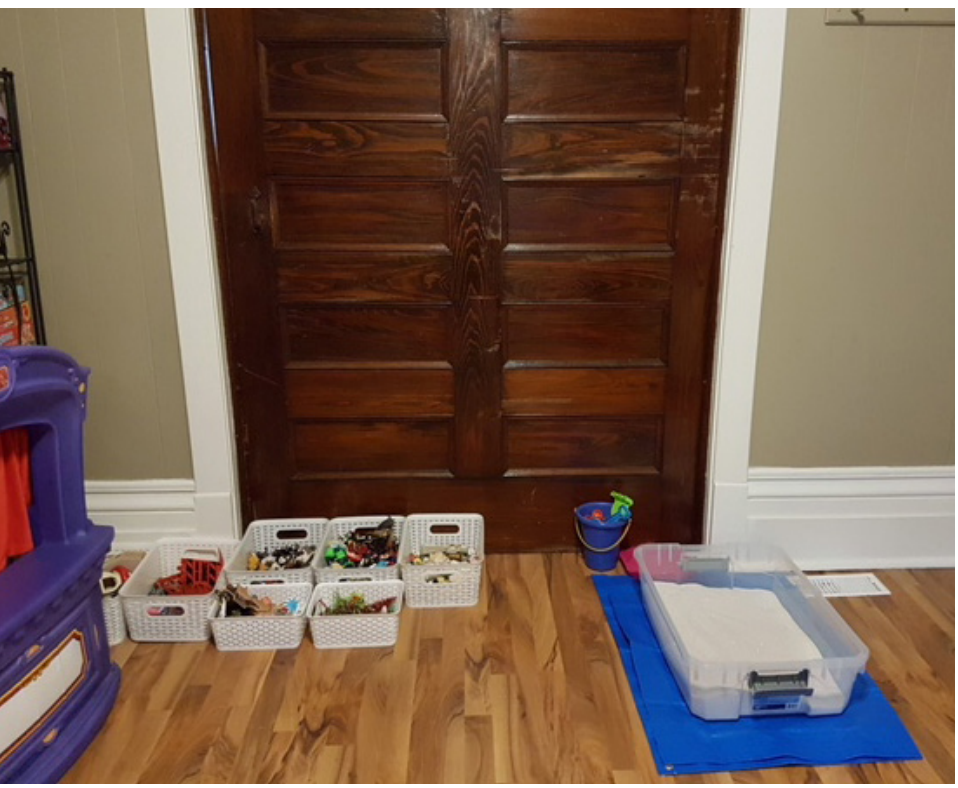
I have a variety of techniques that I employ, so it difficult to choose just one. The beauty of using different Play Therapy techniques is that a clinician can incorporate techniques within techniques, such as teaching a client about CBT, coping strategies or fostering self-esteem. I very much enjoy the use of sand and art in the playroom, for both assessment and treatment, so I will chose from these techniques. Art and sand in Play Therapy are wonderful, as they can be used in a non-directive or non-invasive manner, a directive approach as well as a method for distraction while discussing difficult material. Both art and sand are soothing, tactile and visually pleasing for children. I often combine both with coloured sand in a child's art, which would be a directive activity to allow the child to process a tough piece in their life. It would be difficult to choose one, as they work so well as a team in the playroom to help children heal.

5 What is your play therapy environment like? (perhaps include a picture or two)

I have a playroom in Ridgeway and Thorold, Ontario, as I provide a Play-Based Therapy program through a cancer wellness centre known as Wellspring Niagara. My playroom, at either location, is a warm and inviting environment. With the presence of a trained and caring therapist, the children who enter my playroom come to know that they are safe and protected to say or do what they need to. The children are aware of the rules, no hurts to ourselves, no hurts to each other (which includes confidentiality) and no hurts to the toys, as a way of providing structure so that they feel safe. There is always room for cathartic release in my playroom, though. Children of all ages know that they can have fun, that they will learn about themselves and that I will be there to guide them through their hurt(s).

6 What was your Play Therapy training and supervision experience like and what would you recommend to new play therapists about it?

My training has been completed in sections. I started my Play Therapy training during my Masters practicum. Carolyn Scott was my supervisor at this time, and she allowed me to join her in practicing Play Therapy at the St. Catherine's General Hospital. It was here that I learned about the basic fundamental principles in Play Therapy, which included principles in non-directive Play Therapy, Play-based Cognitive Behaviour Therapy, ethics as well as Safe and Effective Use of Self. I was fortunate to provide both individual and group Play Therapy while studying with Carolyn. Following my training during my masters I connected with Lorie Walton



to complete my Level 1 in Theraplay. While taking the training, I connected with Lorie to share my background and my profound passion for Play Therapy and Theraplay models. Lorie was gracious enough to invite me into her internship program, which opened my eyes to the intricate world of Play Therapy. Through my internship and now employment with Lorie I have had the good fortune to experience the magic of working with children and their families using both Play Therapy and Theraplay techniques. While working with Lorie I have met several influential Play Therapists, such as Donna Starling, Greg Lubimiv, Evangeline Munns, Betty Bedard Bidwell and many more. For aspiring Play Therapists, I would strongly suggest connecting with Play Therapy supervisors of all approaches before starting the process of choosing a supervisor that fits with your approach to the practice. There are many out there, and they are supportive and wonderful.

7 What do you do to practice self-care?

Self-care is essential to the practitioners in the field of mental health, as it would be to many other caring fields. Through my journey to become a Play Therapist I have learned that it is not well known. If it is not practiced correctly it is easy to fall into compassion fatigue or even burn out. As these are both physically and mentally exhausting, self-care is a great way to avoid such states. Personally I have boundaries put into place so that I do not fall into either of the aforementioned states. Professionally I keep my work out of my living space. I have a clinic and a home office where I complete my research, make phone calls, answer emails and complete therapeutic case/treatment notes. When I am out of my clinic and home office I do not think or plan for any case. Personally I spend lots of time with family and friends, I read, I hike, I travel and I frequently go to concerts. Creating strict boundaries for work and allowing time for family, friends and personal interests will keep a practitioner well rested and sharp. Take the time to do all of the things you love!

8 What do you envision your practice will be like in the next 10-15 years? Will you be doing the same thing? Or something different?

In 10-15 years I plan to be practicing Play Therapy, whether it is at my current office or in a new location. I will also be partnered with Wellspring. Knowing the ins and outs of the field, so to speak, would make it very difficult to abandon. There are too many children that require the support from a trained therapist, and not enough trained therapists to provide proper support. I hope by this time that I am a supervisor in the field of Play Therapy, though. This will be the next goal in my career!

Play Therapy Training with RMPTI in 2018

Register early!

Space is limited due to the personal and experiential nature of our learning programs.

- **Certificate in Sandplay with Special Populations • May 2-4, 2018 - Calgary**
- **Foundations of Play Therapy • July 16-24, 2018 - Calgary**
- **Advanced Theories & Techniques in Play Therapy • Aug. 13-21, 2018 - Calgary**
- **Certificate in Play-Based Treatment of Trauma • Dec 5-7, 2018 - Calgary**

The Green and Red Stream Programs offer a unique, fully integrated training experience. Based on the Play Therapy Dimensions Model, participants learn a range of play therapy theories, approaches and techniques and how to conceptualize the play therapy process from an integrative perspective.

To fulfill training requirements for becoming a Certified Play Therapist (CPT) take the Green, Red, and the Yellow Stream Certificate Program in Sandplay with Special Populations.

View our training calendar at RMPTI.com for more training opportunities

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- Uniquely designed programs provide practical skill development
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APT Approved Provider 06-179
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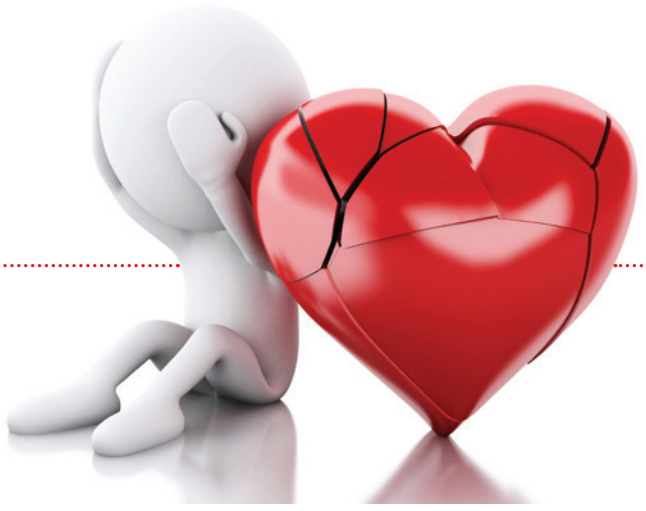


CAPT Bereavement, Grief and Loss Certificate

Working with Children through Grief and Loss

Irena Razanas RSW, CPT

Regina, Saskatchewan – Friday, Saturday and Sunday, April 13, 14 and 15, 2018, 9:00 am – 4:00 pm
Charlottetown, PEI – Monday, Tuesday and Wednesday, August 20, 21 and 22, 2018, 9:00 am – 4:00 pm
St. John's Newfoundland – Friday, Saturday and Sunday, August 24, 25 and 26, 2018, 9:00 am – 4:00 pm
Edmonton, Alberta – Friday, Saturday and Sunday, September 28, 29 and 30, 2018, 9:00 am – 4:00 pm

Overview

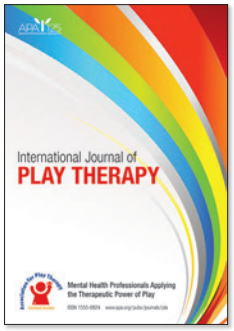
Working with children who are anticipating a loss or who have recently experienced a loss through death or separation demands a great deal of the therapist. Therapists need to have a solid understanding of child development and how death and separation is viewed at each age. They need to know the difference between a normal and a complex grief reaction and how to appropriately and simultaneously support children and the adults who care for them as they navigate through this often-tumultuous time in their lives. The application of this knowledge rests on the assumption that the therapist has examined and is aware of their own experience with grief and loss, and comes to the play room knowing that the activities they provide and the interactions they support will have a profound affect on the people they treat and in turn they too will be affected by the stories they hear and bare witness to.

Workshop Attendees

This Certificate Program would be of interest to those working with agencies and departments engaged in grief counselling including shelters, adoption agencies, victim witness programs, community living agencies and programs focusing on grief and loss. Also, those working as marriage and family counsellors, child life specialists, educators interested in gaining familiarity with play therapy and would be most valuable to people working with children and families in the mental health field.

For more information on our speaker/objectives and to register for this workshop go to:
www.cacpt.com/workshops/

LEADING JOURNALS INFORMED BY PSYCHOLOGICAL SCIENCE



International Journal of Play Therapy®

Official Journal of the Association for Play Therapy

ISSN: 1555-6824

International Journal of Play Therapy publishes original research, theoretical articles and substantive reviews of topics germane to the play therapy modality. It provides new information and ideas about the complete spectrum of clinical interventions used in play therapy to academicians and practitioners who teach and practice play therapy. Psychologists, psychiatrists, counselors, social workers, marriage and family therapists, school psychologists and counselors, and other health professionals will find this publication an invaluable resource.

Official Journals of the Canadian Psychological Association

Canadian Psychology / Psychologie canadienne

1.429 Impact Factor*

ISSN: 0708-5591

This journal publishes generalist articles in the areas of theory, research, and practice that are of interest to a broad cross-section of psychologists, along with original, empirical contributions if the research is of direct relevance to the discipline as a whole.

Canadian Journal of Experimental Psychology / Revue canadienne de psychologie expérimentale

1.055 Impact Factor*

Indexed in MEDLINE®

ISSN: 1196-1961

In each issue of this journal, subscribers receive original research papers that advance the understanding of the broad field of experimental psychology.

Canadian Journal of Behavioural Science / Revue canadienne des sciences du comportement

0.404 Impact Factor*

ISSN: 0008-400X

This journal publishes empirical research in many areas of psychology, including social, developmental, school and educational, industrial/organizational, clinical and abnormal, environmental psychology, and diversity and equity inclusion.

The Canadian Psychological Association has published its first article awarded an open-science badge: "The Hebb Repetition Effect as a Laboratory Analogue of Language Acquisition: Learning Three Lists at No Cost" (psycnet.apa.org/fulltext/2017-31429-001.pdf)

APA is partnering with the Center for Open Science to offer these badges to promote soundness and transparency in scientific practice.

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